U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 9000

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Johnny D Damon	Name Major League Baseball Players Association
	Labor Organization File Number 064-727
P.O. Box, Bldg., Room No., if any Suite 2	P.O. Box, Building and Room Number, if any 24th Floor
Street 1204 Suncast Lane	Street 12 East 49th Street
city El Dorado Hills	City New York
State CA ZIP Code + 4 95762-9665	State NY ZIP Code + 4 10017
5. Position in labor organization. Union Representative	
A Hald an interest in appared in transactions (including loans) with or	usions set forth in the instructions):
monetary value from an employer whose employees your organizat	7.a, Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any).	the state of the s
6. Name and address of Employer (including trace name, if any). Name N/A	N/A
AND THE REPORT OF THE PROPERTY	the state of the s
Name N/A	N/A
Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any	the state of the s
Name N/A Trade Name, if any:	N/A
Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any	N/A
Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	N/A 7.b. Amount.
Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign	7.b. Amount. N/A N/A
Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign	N/A 7.b. Amount. N/A N/A Perjury and other applicable penalties of the law, that all of the information ving documents), has been examined by the signatory and is, to the best of the
Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of the interest of the distribution contained in any accompany.	N/A 7.b. Amount. N/A N/A Perjury and other applicable penalties of the law, that all of the information ving documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Johnny D. Damon	File Number U-
B. Held an interest in or derived income or economic benefit with monetary versubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name See Attached Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: X a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. See Attached
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	12.b. Amount. or parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any). Name N/A Trade Name, if any:	N/A
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. N/A

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Name of Person Filing: Johnny Damon Section B

(8) Name & Address of Business HP Hood 90 Everett Ave. Chelsea, MA 02150	(12a) Nature of Dealing Endorsement Income	(12b) Amount \$ 10,000
Direct TV PO Box 915 El Sequndo, CA 90245	Endorsement Income	16,000
Franklin Sports 17 Campanelli Parkway Stoughton, MA 02072	Endorsement Income	15,000
Rawlings Sporting Goods PO Box 22000 St.Louis, MO 63126	Endorsement Income	5,000
Jack Burke Productions address not available	Endorsement Income	8,000
THQ Wireless 27001 Agoura Road, Suite 325 Calabasas Hills, CA 91301	Endorsement Income	10,000
Paid Inc 4 Brussels Street Worcester, MA 01610	Endorsement Income	12,000
Mohegan Sun 1 Mohegan Sun Blvd. Uncasville, CT 06382	Endorsement Income	70,000
Fanatics Only 328 Wye Harbor Drive Queenstown, MD 21658	Endorsement Income	4,000
Players Direct Collectibles 18 Corporate Plaza Drive Newport Beach, CA 92660	Endorsement Income	3,420
Steiner Sports Memorabilia Inc. 33 Lecount Place New Rochelle, NY 10801	Endorsement Income	218,619
Nashua Sports Collectibles 135 Main Street Nashua, NH 03060	Endorsement Income	15,000
Macy's address not available	Endorsement Income	24,000
	TOTAL	\$ 411,039